



# The Crowden School

1475 Rose Street Berkeley, CA 94702 510.559.6910 510.559.6940 FAX

For office use only. Verified by:

Name

date

## 2019-2020 CHILD PICK-UP AUTHORIZATION

This form must be completed and signed by all parents at The Crowden School for the 2018-19 school year.

Student 1 name: \_\_\_\_\_ Grade in Fall '19: \_\_\_\_\_

Student 2 name: \_\_\_\_\_ Grade in Fall '19: \_\_\_\_\_

Student 3 name: \_\_\_\_\_ Grade in Fall '19: \_\_\_\_\_

**I hereby authorize the persons listed below to pick up my child(ren) during the 2019-2020 school year.**

Please include carpool drivers, sports carpools as they are arranged, and emergency contact persons.

Name	Relationship to Child	Telephone number
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		

I give my permission for my child(ren) \_\_\_\_\_ to walk/BART/bike/skateboard/rollerblade from school. Please remember that all students leaving on wheels will be required to wear a helmet.

Parent/Guardian Signature

Date

Daytime phone number

Parent/Guardian Signature

Date

Daytime phone number